## STATE OF MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY P.O. BOX 30044 – LANSING, MI 48909

This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

## **WORKFORCE ANALYSIS**

						WOR	KAFURU	EANALT	<u> </u>								
Job Category or Trade	TOTAL EMPLOYEES		American Indian / Alaska Native		Asian		Black or African American		Hispanic or Latino		Not Hispanic or Latino		Native Hawaiian/ Other Pacific		HANDICAPPED		
(include all employees)	Male Female		Mole Female		Mala Famala		Mala Famala		Mole Forsals		Mole Female		Islander		Mala Farrala		
	iviale	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
															+		
IN COMPLIANCE WITH THE	STATE A	AND MSHI	DA GUIDE	LINES, we	hereby cor	nmit our fi	rm to a tot	al workforce	integration	of	% minorities	and	% femal	es in each	skilled trade	e for the	
length of our subcontract. We	shall ma	ake a good	faith effor	t to employ	%	minoritie:	s and	% femal	es in our to	tal workford	ce and/or or	this devel	opment on th	ne FIRST D	OAY of work	on this	
development. These percenta	ages will	be substa	ntially and	uniformly m	naintained t	throughou	t the length	of this subc	ontract.								
PROJECTED WORKFORCE	ON THIS	SJOB															
- NOOLO ILE WORK OROL			America	American Indian /				Black or African		Hispanic		Not Hispanic or		Native Hawaiian/			
Job Category or Trade	EMPLOYEES		Alaska Native		Asian		American		or Latino		Latino		Other Pacific		HANDICAPPED		
(include all employees)	Mala Famala		Mala Famela		Mala Famala		Mala Famala		Molo Fomolo		Molo Fomolo		Islander		Molo Fomolo		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	<u>Female</u>	Male	Female	Male	Female	Male	Female	
MINORITY MEANS:		1		l	1		1	I	1		1		1	_L		_L	
American Indian/Alaska Native							Developme										
American, Hispanic or Latino, Native Hawaiian or Other Paci			tino, or			MSHDA L	Developme	nt Number:									
ivalive Hawallan of Other Faci	ilic islanc	161															
A	C:				_			Tit	1-								
Authorized S	oignatory	′						111	ic								
	Nag				=												
Company Name								Da	ate								

MF EEO 002 (10/03)